

Harriet L. Robinson, Ellen F. Fynan
Applicant or Patentee: Robert G. Webster and Shan Lu Attorney's
Serial or Patent No.: 08/187,879 Docket No.: UMMC91-03A2
Filed or Issued: January 27, 1994
For: Immunization by Inoculation of DNA Transcription Unit

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(d) - NONPROFIT ORGANIZATION)

I hereby declare that I am an official empowered to act on behalf of the
nonprofit organization identified below: NAME OF

ORGANIZATION University of Massachusetts Medical Center

ADDRESS OF ORGANIZATION 55 Lake Street North
Worcester, MA 01655

TYPE OF ORGANIZATION

- ☐ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
☒ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE
(26 USC 501(a) and 501(c)(3))
☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF
STATE OF THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)
☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE
(26 USC 501(a) and 501(c)(3)) IF LOCATED IN THE UNITED STATES OF AMERICA
☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF
STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES
OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)

I hereby declare that the nonprofit organization identified above qualifies
as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of
paying reduced fees under section 41(a) and (b) of Title 35, United States
Code with regard to the invention entitled _____

Immunization by Inoculation of DNA Transcription Unit by inventor(s)
Harriet L. Robinson, Ellen F. Fynan, Robert G. Webster & Shan Lu described in

- ☐ the specification filed herewith
☒ application serial no. 08/187,879, filed January 27, 1994
☐ patent no. _____, issued _____

I hereby declare that rights under contract or law have been conveyed to and
remain with the nonprofit organization with regard to the above identified
invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME St. Jude Children's Research Hospital
ADDRESS 332 North Lauderdale Avenue, Memphis, TN 38105
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☒ NONPROFIT ORGANIZATION

NAME _____
ADDRESS _____
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING David L. Entin
TITLE IN ORGANIZATION Assistant Dean for Research Administration
ADDRESS OF PERSON SIGNING University of Massachusetts Medical Center
55 Lake Avenue North, Worcester, MA 01655
SIGNATURE *David L. Entin* DATE 3/22/94

Harriet L. Robinson, Ellen F. Fynan.
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NAME OF PERSON SIGNING

Mary Jacoblyn Dulle

TITLE IN ORGANIZATION _____

ADDRESS OF PERSON SIGNING St. Jude Children's Research Hospital

332 North Lauderdale Avenue, Memphis, TN 38105

SIGNATURE Mary Jacoblyn Dulle

DATE March 16, 1994